Mobile Food Vendor (Food Truck) Permit # Fee \$100 per 45 days

Mobile Food Vendor (Food Truck) Permit					
	Date of Application		Date Requested		
L O	(mm/dd/yy)		(mm/dd/yy)		
	Business name				
C					
A	Location				
T I					
o	Have you received		Food Truck License #		
N	the property	□ Yes			
	owner's	□ No			
	permission?				
	Please attach				
	documentation				
	Applicant Name		Preferred Phone		
A P					
	Address				
P	City/State/Zip				
L	Email				
I					
C A	Dates for setup at				
N	specified site				
T	P				
Following approval of this permit proceed to Iredell County Health Department (318 Turnersburg Hwy, Statesville, NC					
28677). A copy of the food truck permit, business permit, health department approval, and any written permission to					
operate on private property must be kept on the food truck at all times.					
	Zoning District(s)		□ TL	Plans	□ Yes
	Zoming District(s)			Attached	
Only			LIJ	Tittachica	110
0	Permitted Use of				
al Use	Property				
	Comments:				
Official					
Of					
I hereby certify that all of the information provided for To the best of my knowledge, this application is deemed					
		t of my knowledge, accurate	complete and approve		
and complete. provided to me and my knowledge of the Town					ne Town of
			Troutman Unified Devel	opment Ordinance.	
Signature of Applicant		Signature of Zoning Administrator			